

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582783

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENTAFTER
2ND AMENDMENT

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TOTAL

IND.

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TOTAL

DEP.

6



TOTAL

CLAIMS

7

AS FILED

AFTER
1ST AMENDMENTAFTER
2ND AMENDMENT

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100

TOTAL

IND.



TOTAL

DEP.



TOTAL

CLAIMS

